

Small Steps Sober Living Guest Questionnaire

Type of Housing Needed: Sober Living Regular Housing (Circle One)

Home Location: Reseda Granada Hills Los Angeles

Date: _____

Applicant Name: _____

Date of Birth: _____ Age: _____

Cell Phone: _____

Emergency Phone Number: _____ Name: _____

Type of Drug(s)/Alcohol: _____ Date Last Used: _____

Parole or Probation: Yes or No - Criminal History: _____

Have you ever lived in a sober living facility? Yes or No

What date would you like to move in? _____

Vehicle? Yes – No Do you need parking? Yes - No

Do you need additional storage space? Yes - No

Employer/Phone/Address: _____

Source of your income? _____ Monthly income? _____

Any physical or mental disabilities? Yes - No / If yes, please explain: _____

Do You Sleep At Night: Yes - No / If No, please explain: _____

Medications: _____

How did you find out about our organization? _____

Do you have money for food? Yes - No

On a scale of 1-10, with 10 being excellent, how would you rate your personal cleaning and personal hygiene? _____

Social skills: Loner - Social (Circle one)

Do You Have PPO? _____ Insurance: _____

Social Security Number: _____

COPY OF PHOTO ID & SSN